

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 22, 1987

ALL COUNTY LETTER NO. 87-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICES OF ACTION FOR IMPLEMENTATION OF THE FEDERAL LEAST COSTLY REGULATIONS

REFERENCE: ACL 87-76

ACL number 87-76 informed you of implementation of the Least Costly Regulations, effective June 1, 1987. Attached are reproducible copies of the recipient informing notice (English and Spanish) and Notice of Action (NOA) message language in English which counties must use in notifying applicants or recipients of specific changes due to the new regulations. Also attached are the specific instructions for the use of each message.

We have also included one AFDC NOA Handbook page for each of the English messages. Additional copies will be distributed through the regular Handbook Updating process.

Reproducible copies and Handbook pages of the Spanish, Chinese, Vietnamese, Laotian and Cambodian translations of the message language will be forthcoming.

If you have any questions or need further information, please contact Jim Mullany of the AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2661 or ATSS 454-2661.

A handwritten signature in dark ink, appearing to read "Robert A. Horel", is positioned above the typed name.

ROBERT A. HOREL
Deputy Director

Attachments

INSTRUCTIONS FOR COMPLETING NOTICES OF ACTION

The attached reproducible copy of the recipient informing notice (in English and Spanish) and reproducible copies of Notice of Action (NOA) message language in English are to be used in informing applicants/recipients about changes due to the implementation of the Federal Least Costly Regulations.

We have attempted to develop Notice of Action messages for the majority of case situations. However, the messages may not address every possibility. Counties may develop additional messages to meet individual case circumstances following the language pattern established in the state messages.

TEMP 1713/M44-100Bt - Inform; New Rules for Excluded Person and Cash Gifts

Send to all recipients by July 31, 1987.

This message can be sent out in any of the following ways:

- With the mailing of the CA 7,
- With the mailing of the warrant, or
- As a separate mailing.

M44-100At - Change; Stop Living Allowance for Excluded Person

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to change the grant when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's net income to change.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-111D - Change; Counting Gift Income

Use to change the grant when a cash gift causes the family's net income to change.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

M44-207Ft - Suspend; Stop Living
Allowance for Excluded Person - 185%

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's gross income to exceed the 185% limit for one month.

Fill in the name of the excluded person.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-207Gt - Suspend; Stop Living Allowance
for Excluded Person -Financial Eligibility

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the income from the excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's gross income to exceed MBSAC for one month.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite: 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite: 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite: 44-133.714

M44-207Ht - Discontinue; Stop Living
Allowance For Excluded Person - Financial Eligibility

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to discontinue aid when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent unit causes the family's income to exceed MBSAC.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-207It - Discontinue; Stop Living
Allowance for Excluded Person - 185%

THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to discontinue aid when counting all the income from an excluded person or when deletion of an excluded person's needs from the stepparent or senior parent causes the family's gross income to exceed the 185% limit.

Fill in the name of the excluded person.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

M44-207V - Discontinue; Counting Gift
Income - 185%

Use to discontinue aid when:

- an anticipated cash gift will cause the family's gross income to exceed the 185% limit, or
- a reported cash gift causes the family's gross income to exceed the 185% limit and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

M44-207W - Discontinue; Counting Gift
Income - Financial Eligibility

Use to discontinue aid when:

- an anticipated cash gift will cause the family's net income to exceed MBSAC, or
- a reported cash gift causes the family's net income to exceed MBSAC and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

M44-207X - Suspend; Counting Gift
Income - 185%

Use to suspend aid when a reported cash gift causes the family's gross income to exceed the 185% limit for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

M44-207Y - Suspend; Counting Gift
Income - Financial Eligibility

Use to suspend aid when a reported cash gift causes the family's net income to exceed MBSAC for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

IMPORTANT AFDC NOTICE PLEASE READ

As of June 1, 1987, we have two new AFDC rules.

1. Before, when we figured your cash aid we did not count the first \$60 of your "casual" income every three months. Small cash gifts and money from odd jobs were "casual" income.

Now, we do not count the first \$30 of small cash gifts to each aided family member in a calendar quarter. Calendar quarters are three months long and start with January, April, July and October. Any other "casual" income must now be counted when we figure your cash aid.

You still must report all money you get on your Monthly Report (CA 7).

2. When we figure your cash aid amount, we do not always count all the income from people in your home but not on cash aid.

Now, we must count more of the income of a person in your home who is not aided because they did not do something we asked.

If the person who is not on aid has no income, but someone else in your home does, we may count more of that income than we did.

If you have any questions about the new rules, please call your worker.

AVISO IMPORTANTE ACERCA DE LA AFDC POR FAVOR LEALO

A partir del 1 de junio de 1987, tendremos dos nuevas reglas de AFDC.

1. Antiguamente cuando calculábamos su asistencia monetaria, no contábamos los primeros \$60 dólares de sus ingresos "casuales" cada tres meses. Regalos pequeños en efectivo y dinero de trabajos ocasionales, eran ingresos "casuales".

Ahora no contamos los primeros \$30 dólares en regalos pequeños en efectivo que se hacen a cada miembro de la familia que recibe asistencia en un trimestre de calendario. Los trimestres de calendario duran tres meses y comienzan en enero, abril, julio y octubre. Cualesquier otros ingresos "casuales" deben ser contados cuando calculemos su asistencia monetaria.

Usted todavía tiene que reportar en su reporte mensual (CA 7), todo el dinero que reciba.

2. Cuando calculamos la cantidad de asistencia monetaria de usted, no siempre contamos todos los ingresos de las personas que no reciben asistencia monetaria.

Ahora tenemos que tomar en cuenta más de los ingresos de una persona que viva en el hogar de usted que no reciba asistencia, porque no hizo algo que le pedimos.

Si la persona que no recibe asistencia no tiene ingresos, pero alguien más en el hogar de usted los tiene, es posible que contemos más de esos ingresos que los que contábamos antes.

Si tiene preguntas acerca de las nuevas reglas, por favor comuníquese con su trabajador(a).

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case : _____
Name : _____
Number : _____
Worker : _____
Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from \$ _____ to \$ _____.

Here's why:

Your family's income has changed.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

☐ Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income changes and your cash aid amount also changes.

Your new cash aid amount is figured on this notice.

Monthly Cash Aid Amount

Your Countable Income in _____ (MONTH)

Total Earned Income	\$	_____
Work Expense Disregard	-	_____
Dependent Care Disregard	-	_____
\$30 Disregard	-	_____
\$30 and 1/3 Disregard	-	_____
Other Countable Income (list sources)		_____
_____	+	_____
_____	+	_____
_____	+	_____
Court Ordered Support Paid	-	_____
Net Countable Income	=	_____

Your Cash Aid in _____ (MONTH)

Basic Aid for _____ Persons	\$	_____
Special Needs	+	_____
Subtotal	=	_____
Net Countable Income	-	_____
Cash Aid Subtotal	=	_____
Overpayment adjustment (separate page)	-	_____
Monthly Cash Aid Amount	\$	_____

Rules: These rules apply; you may review them at your welfare office: MPP 44-100

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be charged if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from \$_____ to \$_____.

Here's why:

Your family's income has changed.

_____ got a gift of \$_____.
The rule is that we do not count the first \$30 of cash gifts each person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

When your income changes, your cash aid amount also changes.

Your new cash aid amount is figured on this notice.

Monthly Cash Aid Amount

Your Countable Income in _____ (MONTH)

Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____
_____	+ _____
_____	+ _____
_____	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Your Cash Aid in _____ (MONTH)

Basic Aid for _____ Persons	\$ _____
Special Needs	+ _____
Subtotal	= _____
Net Countable Income	- _____
Cash Aid Subtotal	= _____
Overpayment adjustment (separate page)	- _____
Monthly Cash Aid Amount	\$ _____

Rules: These rules apply; you may review them at your welfare office. MPP 44-111.44, 44-100

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the basic need standard set by the State plus any special needs. Your gross income was more than 185% of your needs for only one month so your cash aid will stop for only one month.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

When we count this extra money, your income goes over the limit and your cash aid must stop.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____. You do not need to reapply.

Family Gross Income in _____

(MONTH)

_____	\$ _____
_____	+ _____
_____	+ _____
_____	+ _____
Total Gross Income	= _____

Family Needs in _____

(MONTH)

Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
Total Needs	= _____
	x 1.85
185% of Needs	= _____

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.21

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the State. Your income was more than your needs for only one month so your cash aid will stop for only one month.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

☐ Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income goes over the limit and your cash aid must stop.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____. You do not need to reapply.

Your family's needs and income are figured on this notice.

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.31

Net Countable Income

Total Earned Income	\$	_____
Work Expense Disregard	-	_____
Dependent Care Disregard	-	_____
\$30 Disregard	-	_____
\$30 and 1/3 Disregard	-	_____
Other Countable Income (list sources)		
_____	+	_____
_____	+	_____
_____	+	_____
Child Support Collected by the County (financial eligibility only).	+	_____
Court Ordered Support Paid	-	_____
(A) Net Countable Income	=	_____

Family Needs

Basic Need for _____ Persons	\$	_____
Special Needs	+	_____
(B) Family Needs	=	_____

☐ **Lump Sum Ineligibility**
Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: _____
There is a remainder of \$ _____
It counts against your grant in _____ (MONTH)

☐ You are not financially eligible in _____ (MONTH)

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be charged if you ask for a hearing before this action takes place.

As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid if your family's countable income is more than the need standard set by the state.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

☐ Also, we cannot give this person the standard Work Expense Disregard or Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income goes over the limit and your cash aid must stop.

Your family's needs and income are figured on this notice.

Net Countable Income

Total Earned Income	\$	_____
Work Expense Disregard	-	_____
Dependent Care Disregard	-	_____
\$30 Disregard	-	_____
\$30 and 1/3 Disregard	-	_____
Other Countable Income (list sources)		_____
	+	_____
	+	_____
	+	_____
Child Support Collected by the County (financial eligibility only).	+	_____
Court Ordered Support Paid	-	_____
(A) Net Countable Income	=	_____

Family Needs

Basic Need for _____ Persons	\$	_____
Special Needs	+	_____
(B) Family Needs	=	_____

☐ Lump Sum Ineligibility
Your net countable income (A) divided by your family needs (B) equals the number of ineligible months: _____
There is a remainder of \$ _____
It counts against your grant in _____ (MONTH)

☐ You are not financially eligible in _____ (MONTH)

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.31

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid if your family's gross income is more than 185 percent of the basic need standard set by the State plus any special needs.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

When we count this extra money, your income goes over the limit and your cash aid must stop.

Your family's needs and income are figured on this notice.

Family Gross Income in

(MONTH)

_____	\$ _____
_____	+ _____
_____	+ _____
_____	+ _____
Total Gross Income	= _____

Family Needs in

(MONTH)

Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
Total Needs	= _____
	x 1.85
185% of Needs	= _____

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.21

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid if your family's gross income is more than 185% of the basic need standard set by the state plus any special needs.

_____ got a gift of \$_____.

The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

Your family's needs and income are figured on this notice.

Family Gross Income in _____

(MONTH)

_____	\$ _____
_____	+ _____
_____	+ _____
_____	+ _____
Total Gross Income	= _____

Family Needs in _____

(MONTH)

Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
Total Needs	= _____
	x 1.85
185% of Needs	= _____

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.21, 44-111.44

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid when your family's net countable income is more than the need standard set by the state.

_____ got a gift of \$_____.
The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

Your family's needs and income are figured on this notice.

Net Countable Income

Total Earned Income	\$ _____
Work Expense Disregard	- _____
Dependent Care Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Other Countable Income (list sources)	_____ + _____
	_____ + _____
	_____ + _____
Child Support Collected by the County (financial eligibility only).	+ _____
Court Ordered Support Paid	- _____
(A) Net Countable Income	= _____

Family Needs

Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
(B) Family Needs	= _____

☐ **Lump Sum Ineligibility**
Your net countable income (A) divided
by your family needs (B) equals the
number of ineligible months: _____
There is a remainder of \$ _____
It counts against your grant in _____
(MONTH)

☐ You are not financially eligible in _____
(MONTH)

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.31, 44-111.44

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the basic need standard set by the State plus any special needs. Your gross income was more than your needs for only one month so your cash aid will stop for only one month.

_____ got a gift of \$_____.

The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.
You do not need to reapply.

You may be able to get a Reduced Income Supplemental payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request form, CA 40.

Family Gross Income in _____

(MONTH)

_____	\$ _____
_____	+ _____
_____	+ _____
_____	+ _____
Total Gross Income	= _____

Family Needs in _____

(MONTH)

Basic Need for _____ Persons	\$ _____
Special Needs	+ _____
Total Needs	= _____
	x 1.85
185% of Needs	= _____

☐ You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.21, 44-111.44

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case Name _____
Number _____
Worker Name _____
Number _____
Telephone _____
Address _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the State. Your income was more than your needs for only one month so your cash aid will stop for only one month.

_____ got a gift of \$_____.

The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.

You do not need to reapply.

Your family's needs and income are figured on this notice.

You may be able to get a Reduced Income Supplemental payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request form, CA 40.

Net Countable Income

Total Earned Income	\$	_____
Work Expense Disregard	-	_____
Dependent Care Disregard	-	_____
\$30 Disregard	-	_____
\$30 and 1/3 Disregard	-	_____
Other Countable Income (list sources)		_____
	+	_____
	+	_____
	+	_____
Child Support Collected by the County (financial eligibility only).	+	_____
Court Ordered Support Paid	-	_____
(A) Net Countable Income	=	_____

Family Needs

Basic Need for _____ Persons	\$	_____
Special Needs	+	_____
(B) Family Needs	=	_____



Lump Sum Ineligibility

Your net countable income (A) divided by your family needs (B) equals the number of ineligible months:

There is a remainder of	\$	_____
It counts against your grant in		_____ (MONTH)



You are not financially eligible in _____

(MONTH)



You will get another notice about your Medi-Cal.

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.31, 44-111.44

State of California
Department of Social Services

Manual 3. No.: M44-100At
Action : Change
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person
Form No. : NA 200
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-100, **

MESSAGE: As of _____, the County is changing your cash aid
from \$_____ to \$_____.

Here's why:

Your family's income has changed.

We told you before that cash aid would stop for _____. While
this person was off aid, we did not count the amount of their living
allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

— Also, we cannot give this person the standard Work Expense Disregard
or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income changes and your cash aid
amount also changes.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify
current excluded person cases of the change in the deemed income rules.

Use to change the grant when counting all the excluded person's income
or when not including an excluded person in the senior or stepparent
unit causes a change in the family's net income.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the
AU. Do not use an NA 271 if all of an excluded person's income is used.

**If the excluded person is:

- An excluded parent with income, use additional Reg.
Cite: 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite
44-133.61
- Excluded from a senior parent unit, use additional Reg.
Cite 44-133.7

State of California
Department of Social Services

Manual M. J. No.: M44-100Bt
Action : Inform
Reason: Income
Title: New rules for Excluded
Person & Cash Gifts
Form No. :
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite:

MESSAGE: As of June 1, 1987, we have two new AFDC rules.

1. Before, when we figured your cash aid we did not count the first \$60 of your "casual" income every three months. Small cash gifts and money from odd jobs were "casual" income.

Now, we do not count the first \$30 of small cash gifts to each aided family member in a calendar quarter. Calendar quarters are three months long and start with January, April, July and October. Any other "casual" income must now be counted when we figure your cash aid.

You still must report all money you get on your Monthly Report (CA 7).

2. When we figure your cash aid amount, we do not always count all the income from people in your home but not on cash aid.

Now, we must count more of the income of a person in your home who is not aided because they did not do something we asked.

If the person who is not on aid has no income, but someone else in your home does, we may count more of that income than we did.

If you have any questions about the new rules, please call your worker.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current cases of the changes in the deemed income and casual income rules.

Send to all recipients by July 31, 1987.

This message can be sent out in any of the following ways:

- With the mailing of the CA 7,
- With the mailing of the warrant, or
- As a separate mailing.

This message was released to counties as number Temp 1713/M44-100Bt.

State of California
Department of Social Services

Manual No. No.: M44-111D
Action : Change
Reason: Income Eligibility
Title: Counting Gift Income

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-111.44, 44-100

Form No. : NA 200
Effective Date : 06/01/87
Revision Date : 06/01/87

MESSAGE: As of _____, the County is changing your cash aid
from \$_____ to \$_____.

Here's why:

Your family's income has changed.

_____ got a gift of \$_____. The rule is that we do not count
the first \$30 of cash gifts each person gets during each calendar
quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

When your income changes, your cash aid amount also changes.

Your new cash aid amount is figured on this notice.

INSTRUCTIONS: Use to change the grant when a cash gift causes the
family's net income to change.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

State of California
Department of Social Services

Manual No.: M44-207Ft
Action : Suspend
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, 185%
Form No. : NA 211
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.21, **

MESSAGE: The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the basic need standard set by the State plus any special needs. Your gross income was more than 185% your needs for only one month so your cash aid will stop for only one month.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

When we count this extra money, your income goes over the limit and your cash aid must stop.

You must turn in your Monthly Report (CA7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____. You do not need to reapply.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the excluded person's income or when not including the excluded member in the senior or stepparent unit causes the family's gross income to exceed 185% for only one month.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

**If the excluded person is:

- An excluded parent with income, use additional Reg. Cite 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

State of California
Department of Social Services

Manual Msg. No.: M44-207Gt, 1of2
Action : Suspend
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, F.E.
Form No. : NA 210
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.31, **

MESSAGE: The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the State. Your income was more than your needs for only one month so your cash aid will stop for only one month.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

— Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income goes over the limit and your cash aid must stop.

You must turn in your Monthly Report (CA7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.
You do not need to reapply.

Your family's needs and income are figured on this notice.

State of California
Department of Social Services

Manual M . No.: M44-207Gt, 2of2
Action : Suspend
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, F.E.
Form No. : NA 210
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.31, **

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to suspend aid when counting all the excluded person's income or when not including an excluded person in the senior or stepparent unit causes the family's gross income to exceed MBSAC for only one month.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

**If the excluded person is:

- An excluded parent with income, use additional Reg.
Cite: 44-133.31
- Excluded from a stepparent unit, use additional Reg. Cite:
44-133.61
- Excluded from a senior parent unit, use additional Reg
Cite: 44-133.714

State of California
Department of Social Services

Manual M . No.: M44-207Ht
Action : Discontinue
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, F.E.
Form No. : NA 210
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.31, **

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid if your family's countable income is more than the need standard set by the state.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

— Also, we cannot give this person the standard Work Expense Disregard or the Dependent Care Disregard from earned income while off aid.

When we count this extra money, your income goes over the limit and your cash aid must stop.

Your family's needs and income are figured on this notice.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to discontinue aid when counting all the excluded person's income or when not including an excluded person in the senior or stepparent unit causes the family's income to exceed MBSAC.

Fill in the name of the excluded person.
Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an excluded person's income is used.

**If the excluded person is:

- An excluded parent with income, use additional Reg. Cite: 44-133.31.
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

State of California
Department of Social Services

Manual M . No.: M44-207It
Action : Discontinue
Reason: Income Eligibility
Title: Stop Living Allowance
for Excluded Person, 185%
Form No. : NA 211
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.21, **

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid if your family's gross income is more than 185% of the basic need standard set by the State plus any special needs.

We told you before that cash aid would stop for _____. While this person was off aid, we did not count the amount of their living allowance when we counted your income.

The rule has changed. Now we must count this person's living allowance.

When we count this extra money, your income goes over the limit and your cash aid must stop.

Your family's needs and income are figured on this notice.

INSTRUCTIONS: NOTE: THIS IS A TEMPORARY MESSAGE. Use only to notify current excluded person cases of the change in the deemed income rules.

Use to discontinue aid when counting all the excluded person's income or when not including an excluded person in the senior or stepparent unit causes the family's gross income to exceed the 185% limit.

Fill in the name of the excluded person.

Check the box if the excluded person has earned income.

Attach an NA 271 if deeming part of an excluded person's income to the AU. Do not use an NA 271 if all of an the excluded person's income is used.

**If the excluded person is:

- An excluded parent with income, use additional Reg. Cite: 44-133.31.
- Excluded from a stepparent unit, use additional Reg. Cite 44-133.61
- Excluded from a senior parent unit, use additional Reg. Cite 44-133.714

State of California
Department of Social Services

Manual M... No.: M44-207V
Action : Discontinue
Reason: Income Eligibility
Title: Counting Gift Income,
185% Test

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.21, 44-111.44

Form No. : NA 211
Effective Date : 06/01/87
Revision Date : 06/01/87

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid if your family's gross income is more than 185% of the basic need standard set by the state plus any special needs.

_____ got a gift of \$_____. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

Your family's needs and income are figured on this notice.

INSTRUCTIONS: Use to discontinue aid when:

- an anticipated cash gift will cause the family's gross income to exceed the 185% limit, or
- a reported cash gift causes the family's gross income to exceed the 185% limit and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

State of California
Department of Social Services

Manual M. . No.: M44-207W
Action : Discontinue
Reason: Income Eligibility
Title: Counting Gift Income,
Financial Eligibility
Form No. : NA 210
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.31, 44-111.44

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

You can't get cash aid when your family's net countable income is more than the need standard set by the state.

_____ got a gift of \$_____. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

Your family's needs and income are figured on this notice.

INSTRUCTIONS: Use to discontinue aid when:

- An anticipated cash gift will cause the family's net income to exceed MBSAC, or
- a reported cash gift causes the family's net income to exceed MBSAC and this level of income is expected to continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

State of California
Department of Social Services

Manual . . . No.: M44-207X
Action : Suspend
Reason: Income Eligibility
Title: Counting Gift Income,
185%

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.21, 44-111.44

Form No. : NA 211
Effective Date : 06/01/87
Revision Date : 06/01/87

MESSAGE: The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's monthly gross income is more than 185% of the basic need standard set by the State plus any special needs. Your gross income was more than your needs for only one month so your cash aid will stop for only one month.

_____ got a gift of \$ _____. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$ _____ of the gift when we figure your cash aid.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.
You do not need to reapply.

You may be able to get a Reduced Income Supplemental payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request form, CA 40.

INSTRUCTIONS: Use to suspend aid when a reported cash gift causes the family's gross income to exceed the 185% limit for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.

State of California
Department of Social Services

Manual msg. No.: M44-207Y
Action : Suspend
Reason: Income Eligibility
Title: Counting Gift Income,
Financial Eligibility
Form No. : NA 210
Effective Date : 06/01/87
Revision Date : 06/01/87

Auto ID No. :
Flow Chart No. :
Source : Least Costly
Regulation Cite: 44-207.31, 44-111.44

MESSAGE: The County is stopping your cash aid for the month of _____.

Here's why:

You can't get cash aid if your family's net countable income is more than the need standard set by the State. Your income was more than your needs for only one month so your cash aid will stop for only one month.

_____ got a gift of \$_____. The rule is that we do not count the first \$30 of cash gifts each aided person gets during each calendar quarter. This person's cash gifts are over the limit for this quarter.

We must count \$_____ of the gift when we figure your cash aid.

You must turn in your Monthly Report (CA 7) in the month you are not aided.

If you are eligible, your cash aid will begin again _____.
You do not need to reapply.

Your family's needs and income are figured on this notice.

You may be able to get a Reduced Income Supplemental payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request form, CA 40.

INSTRUCTIONS: Use to suspend aid when a reported cash gift causes the family's net income to exceed MBSAC for one month and it appears this level of income will not continue.

Fill in the name of the person who received the cash gift.

Fill in the amount of the cash gift.

Fill in the amount of the gift that is used in the computation.